

**OFFICE OF THE FEDERAL DEFENDER
EASTERN DISTRICT OF CALIFORNIA
801 I STREET, 3rd Floor
SACRAMENTO, CALIFORNIA 95814
(916) 498-5700 Fax: (916) 498-5710**

Dennis S. Waks
Acting Federal Defender

Daniel J. Broderick
Chief Assistant Defender

January 18, 2006

Mark Reichel
Attorney at Law
655 University Ave. #215
Sacramento, Ca. 95825

Re: United States v. Jesus Vasquez
Cr.S-04-280-FCD

FILED

JAN 19 2006

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY _____ DEPUTY CLERK

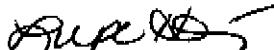
Dear Mr. Reichel:

This will confirm your appointment by the Honorable Frank C. Damrell, U.S. District Judge, to represent the above-name defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is a CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,



LUPE HERNANDEZ
Operations Administrator

:lh
Enclosures

cc: Clerks Office

1. CIR./DIST./DIV. CODE CAE	2. PERSON REPRESENTED Vasquez, Jesus	VOUCHER NUMBER Case 2:04-cr-00280-KJM Document 50 Filed 01/19/06 Page 2 of 2				
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 2:04-000280-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name) U.S. v. Vasquez	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846=CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Reichel, Mark J. 655 University Avenue Suite 215 Sacramento CA 95825 Telephone Number: (916) 548-7398		13. COURT ORDER <input checked="" type="checkbox"/> A Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he/she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) <i>Mark J. Reichel</i>				
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)		Signature of Presiding Judicial Officer or By Order of the Court <i>Mark J. Reichel</i> Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
15. CATEGORIES (Attach itemization of services with dates)		16. HOURS CLAIMED	17. TOTAL AMOUNT CLAIMED	18. MATH/TECH ADJUSTED HOURS	19. MATH/TECH ADJUSTED AMOUNT	20. ADDITIONAL REVIEW
a. Arraignment and/or Plea						
b. Bail and Detention Hearings						
c. Motion Hearings						
d. Trial						
e. Sentencing Hearings						
f. Revocation Hearings						
g. Appeals Court						
h. Other (Specify on additional sheets)						
(Rate per hour = \$ 90)		TOTALS:				
16. a. Interviews and Conferences						
b. Obtaining and reviewing records						
c. Legal research and brief writing						
d. Travel time						
e. Investigative and Other work (Specify on additional sheets)						
(Rate per hour = \$ 90)		TOTALS:				
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION		
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO		Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.		
Signature of Attorney: _____		Date: _____				
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE		28a. JUDGE / MAG. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount			DATE		34a. JUDGE CODE	